

Town of Landis
Application for Preliminary Subdivision Plat Review

Application # _____ **Date of Application** _____

Applicant's Name _____

Surveyor _____ Engineer _____ Property Owner _____ Other _____

Applicant's Address _____

Contact Phone # _____ Email: _____

Proposed Subdivision Name: _____

Property Owner's Name _____

Property Owner's Address _____

Property Location _____

Tax Map# _____ Parcel # _____ Current Zoning District: _____

Will this be for a residential or non-residential development? Circle One

Is this parcel located within a designated Watershed area? ___yes ___no

Which Watershed Classification? _____

Is there a floodplain located on the property? ___yes ___no

Is there a designated stream on the property? ___yes ___no

Above property owner(s) or authorized representative due hereby request that the attached preliminary plat for the stated location be approved as a Subdivision under the Town of Landis Subdivision Ordinance. *Accepted for review means all required information, materials, and paid fee are submitted and are complete.

Owner(s) or Representative Name (print): _____

Signature: _____ Date: _____

Official Use:

Date Accepted* for Review: _____ Accepted by: _____

Zoning Administrator

*Accepted means all required information, materials, and paid fee are submitted and are complete for review